

2015 TAX CREDIT APPLICATION

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NOTES TO BREAKDOWN OF COSTS & BASIS

1. The Breakdown of Costs & Basis must be signed by the following:

- At Application
and Determination: Sponsor/General Partner, First Mortgagee, Investor
- at Carryover
and PIS: Sponsor/General Partner, First Mortgagee, Investor
and Independent CPA

2. IRS Technical Advise Memoranda were issued in July, 2000. Although these “TAMS” are not binding, applicants should critically examine the basis eligibility of the following costs:

- a. Any costs that could be interpreted as land preparation costs
- b. Impact fees
- c. Developer fee listed in eligible basis may need to be reduced by the amount relating to:
 - Demolition
 - Off-site improvements
 - Any costs that could interpreted as land preparation
 - Impact fees
 - Permanent financing fees
 - Other ineligible costs

3. Certain costs which NJHMFA will not allow in Eligible Basis:

- Demolition
- Post-construction interest
- Land
- Syndication expenses
- Escrows
- Construction loan interest in excess of three percent per annum on unamortized, soft financing (for example, Balanced Housing, FHLB) or in excess of the Applicable Federal Rate as published by the U.S. Department of the Treasury for unamortized Federal loans
- Duplicative professional costs (e.g. for HOPE VI applications in which both the public housing authority and the developer retain their own construction managers, architects, engineers, etc.)
- Off-site improvements
- Permanent financing fees
- Organizational costs
- Marketing expenses
- Tax Credit Fees

4. Interest Rates

- While NJHMFA shall not allow construction loan interest in excess of three percent per annum on unamortized, soft financing in eligible basis, it is recommended that the interest rate on “soft” loans should be 0% during construction and 1-3% for permanent loans

- The interest rate on federal loans no longer has to be at the Applicable Federal Rate (AFR) in order to qualify for the 9% credit.

5. Contingency

- A minimum construction contingency of 5% of construction costs shall be required for new construction projects and 10% for rehabilitation projects. HMFA shall accept a prorated contingency for projects that include both rehab and new construction

6. Escrows

- The amount of working capital shall be sufficient to cover operating and debt service costs for the absorption period specified in the application's market study.
- An operating deficit escrow shall be established to cover at least 3 months of stabilized operations. The following information about the reserve shall be provided:
 - The rationale behind the sizing of the escrow;
 - The entity requiring the reserve and by whom shall it be held (lender, syndicator, etc.)
 - How long the reserve will be held and the terms under which it may be released

7. Tax Credit Percentage

- The tax credit percentage that applicants must utilize for application purposes shall be **7.5%** for the 70% present value credit and **3.20%** for the 30% present value credit

8. Equity Range

- HMFA shall underwrite projects based on the equity commitment letter submitted in the application, with equity pricing ranging between **\$.93 and \$1.00**. Projects that do not yet have a commitment from a syndicator/investor, or projects that have received only a term sheet, shall be underwritten at the base of the range.

9. Retention Factor

- For projects where the general partner (and/or related entity) will retain all or a portion of the credits, the equity factor used to calculate the value of the credits will be increased by the retention factor described below:

.01% - 1.99%	=	standard equity factor
2% - 4.99% ownership retention	=	5¢ added to equity factor
5% - 49.99% ownership retention	=	10¢ added to equity factor
50% & over ownership retention	=	20¢ added to equity factor

10. Acquisition Costs

- NJHMFA reserves the right to require an independent appraisal which conforms to the Uniform Standards of Professional Appraisal Practice (USPAP) for those projects that have land acquisition costs totaling over \$7,500 per unit. HMFA further reserves the right to request a Capital Needs Assessment.

HOW TO CALCULATE ELIGIBLE BASIS for NC/Rehab Credit

- Total Development Cost
- Acquisition Costs
 - Non-Depreciable Costs
 - Non-Eligible Costs
-

Eligible Basis

- usually subject to limits
- adjusted by 130% in DDAs & QCTs

Non-Depreciable Costs

- Demolition
- Off-Site Improvements
- Attorney & Accounting Fees pertaining to organizational or tax issues
- Operating Costs
 - Post-PIS Interest
 - Permanent Financing Fees
 - Marketing
 - Escrows

Non-Eligible Costs

- Below Market Federal Loans
- Historic Tax Credits
- Commercial Space

HOW TO CALCULATE LOW INCOME HOUSING TAX CREDITS

ELIGIBLE BASIS (usually subject to limits)

x QCT / DDA ADJUSTMENT

x APPLICABLE FRACTION

=====

QUALIFIED BASIS

x TAX CREDIT PERCENTAGE

=====

TAX CREDITS BASED ON QUALIFIED BASIS

which is then compared to

TAX CREDITS BASED ON NEED

EXAMPLE #1: Acquisition / Substantial Rehabilitation Project in Hudson County
100% Low Income -- Placed in Service in January, 2011

	<u>Rehab Credits</u>	<u>Acquisition Credits</u>
Eligible Basis	\$1,068,376	\$151,976
x DDA Adjustment	130%	N/A
x Applicable Fraction	100%	100%
=====		
Qualified Basis	\$1,388,889	\$151,976
x Tax Credit Percentage	9%	3.29%
=====		
Tax Credits based on Qualified Basis	\$ 125,000	\$ 5,000

EXAMPLE #2: Tax-Exempt Bond Financed New Construction Project in Bergen County
80% Market and 20% Low Income -- Applying in January, 2011

	<u>New Construction Credits</u>
Eligible Basis	\$1,671,733
x QCT/DDA Adjustment	N/A
x Applicable Fraction	20%
=====	
Qualified Basis	\$ 334,347
x Tax Credit Percentage	3.29%
=====	
Tax Credits based on Qualified Basis	\$ 11,000

HOW TO CALCULATE EQUITY GENERATED BY LOW INCOME HOUSING TAX CREDITS

TAX CREDITS BASED ON QUALIFIED BASIS

which is then compared to

TAX CREDITS BASED ON NEED

	=====
	TAKE THE LOWER VALUE
X	INVESTOR PERCENTAGE
X	TAX CREDIT PRICING
X	10 YEARS
	=====
	TAX CREDIT EQUITY

EXAMPLE #1: Acquisition / Substantial Rehabilitation Project in Hudson County
100% Low Income -- Placed in Service in January, 2011

Tax Credits Based on Qualified Basis	\$ 130,000
vs. Tax Credits Based on Need	\$ 127,000
=====	
Lower Value from Above	\$ 127,000
x Investor Percentage	99.99%
x Tax Credit Pricing	85 cents / Tax Credit \$
x 10 Years	10
=====	
Tax Credit Equity	\$ 1,079,392

EXAMPLE #2: Tax-Exempt Bond Financed New Construction Project in Bergen County
80% Market and 20% Low Income -- Applying in January, 2011

Tax Credits Based on Qualified Basis	\$ 11,000
vs. Tax Credits Based on Need	\$ 11,000
=====	
Lower Value from Above	\$ 11,000
x Investor Percentage	99.99%
x Tax Credit Pricing	87 cents / Tax Credit \$
x 10 Years	10
=====	
Tax Credit Equity	\$95,690

**How To Calculate MAXIMUM Rents For
The 2006 Low Income Housing Tax Credit Program**

For the 20-50 test:	MAXIMUM Gross Rent =	$\frac{50\% \text{ County Income Limit Adjusted for Family Size} \times .3}{12}$
	MAXIMUM Net Rent =	MAXIMUM Gross Rent - Utility Allowance
For the 40-60 test:	MAXIMUM Gross Rent =	$\frac{60\% \text{ County Income Limit Adjusted for Family Size} \times .3}{12}$
	MAXIMUM Net Rent =	MAXIMUM Gross Rent - Utility Allowance

EXAMPLE:

Calculate the MAXIMUM Net Rent that can be charged for a 1 BR apartment in a high-rise building in Atlantic City under the 40-60 test, where the tenant is paying heating (natural gas), cooking (natural gas) and electric lighting bills.

- 1) Find appropriate county income limit based on family size using the "New Jersey Income Limits" chart supplied. Assume a 1.5 person income for each bedroom. (For example, a 1BR = 1.5 person income, 2BR = 3 person income, etc.)

In Atlantic County, the 60% County Income Limit for 1.5 Persons is:

\$28,980

- 3) Use the above formula to calculate the MAXIMUM Gross Rent under the 40-60 test:

$$\frac{60\% \text{ County Income Limit Adjusted for Family Size} \times .3}{12} = \frac{(28,980 \times .3)}{12}$$

\$ 724.50 MAXIMUM Gross Rent

- 4) Calculate Utility Allowance using "Allowances for Tenant-Furnished Utilities and Services" chart provided:

\$ 28.00 Allowance for Natural Gas Heating for 1 BR in a high-rise
\$ 15.00 Allowance for Natural Gas Cooking for 1 BR
\$ 28.00 Allowance for Electric Lighting, Refrigeration, etc. for 1 BR

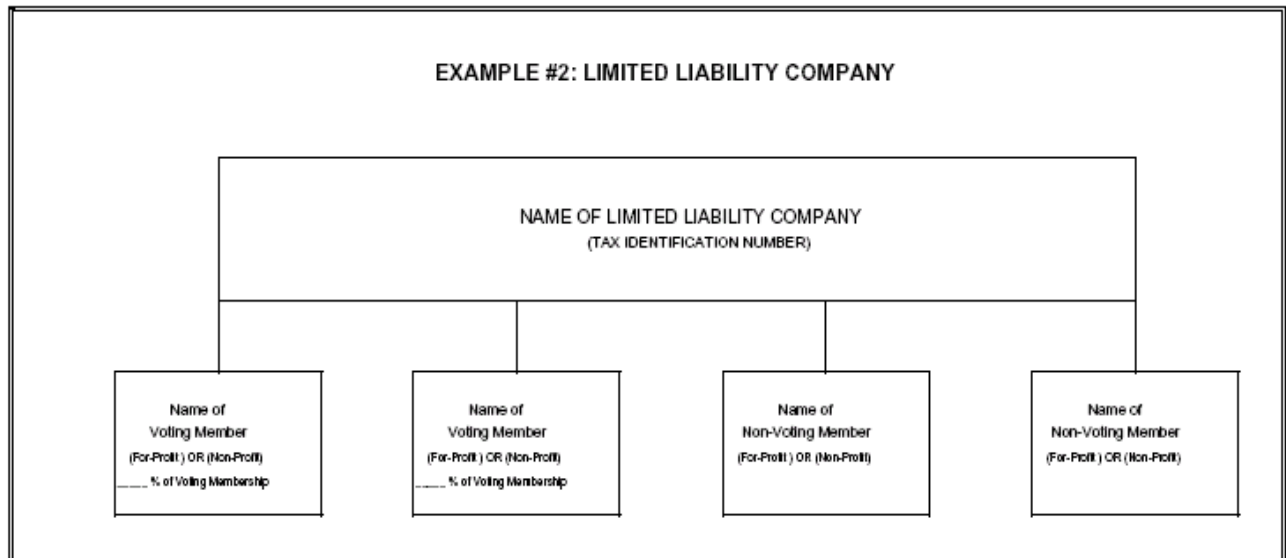
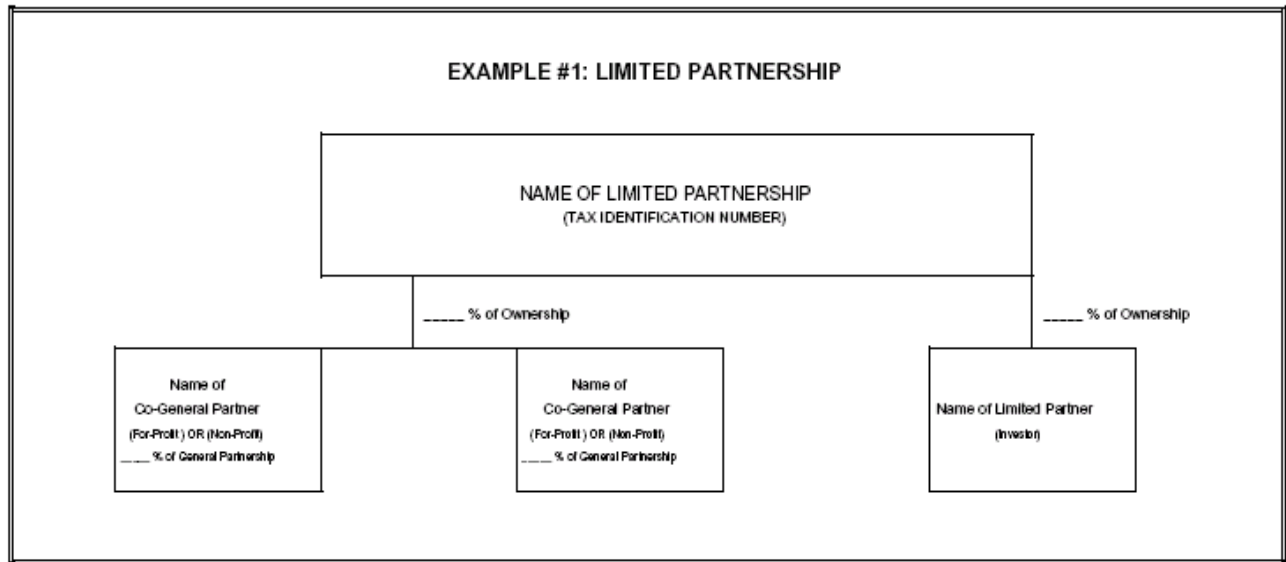
\$ 71.00 Utility Allowance

- 5) To obtain MAXIMUM Net Rent, subtract Utility Allowance from MAXIMUM Gross Rent:

	\$ 724.50 MAXIMUM Gross Rent
LESS	\$ 71.00 Utility Allowance
	\$ 653.50 MAXIMUM Net Rent

SAMPLE STRUCTURES OF FINAL OWNERSHIP ENTITY

Indicate, in a diagram similar to below, the anticipated organizational structure of the project's final ownership entity.



THE RE-APPLICATION PROCESS

I. For Re-Applicants With No Prior Reservation:

- A. Applicants of projects that were admitted to a prior cycle during the current calendar year, but did not receive a reservation of credits, do not have to submit an entire new application but are responsible for updating NJHMFA with regard to any and all changes to the project plan. The following documentation must be included in this section:
1. Re-Application Fee
 2. Sponsor Certification for Re-Application
 3. Points Worksheet
 4. If the original market study was performed more than 6 months prior to the re-application date, an updated market analysis/appraisal.

II. For Re-Applicants With An Existing Reservation or Allocation:

- A. Hardship Requests from the Reserve (under \$100,000):
Projects that are seeking **HARDSHIP** requests for additional credits must update NJHMFA with regard to *any and all* changes to the original project plan and include the following documentation:
1. Re-Application Fee;
 2. Sponsor Certification for Re-Application;
 3. Rent qualification chart, income and expense statements, 15-year cash flow proforma all reflecting current projections and two forms of data supporting the operating expenses stated in the 15-year proforma (i.e. database information, audited financial statements for comparable projects, IREM statistics, etc.). The proforma shall be signed by the first mortgagee (or syndicator/investor if there is no hard debt) exclusively reflecting the following language verbatim: "We acknowledge that this proforma substantially matches the assumptions used in our underwriting of the mortgage (equity investment)."
 4. Explanation of the Hardship plus supporting documentation.
 5. Evidence that at least 50% of the developer fee is deferred, and that applicant has attempted to increase funding from every other source (except State Balanced Housing or Home Express from the Department of Community Affairs) before applying to the Reserve for additional credits;
 6. Letter from Investor addressing the pricing to be paid for the additional credits

NOTE: The deadline for application to the Reserve for hardship requests is May 15, after which hardship requests will have to submit full applications and compete in the Final Cycle.

- B. For Requests for Additional Credits from a Competitive Cycle:

1. Submit a complete application (see definition of "complete application" in QAP); and
2. Submit the requirements described at Section II.A.4 through II.A.6 above

2015 DIFFICULT DEVELOPMENT AREAS FOR NEW JERSEY

A difficult development area is an area that has high construction, land and utility costs relative to the area median gross income. Within the State of New Jersey, there are three counties that have been designated as a difficult development area:

ATLANTIC

HUDSON

CUMBERLAND

Under Section 42(d)(5)(C) of the Code, projects located in difficult development areas are allowed to increase their eligible basis by 130%.

Source: HUD, Qualified Census Tracts and Difficult to Develop Areas,
<http://www.huduser.org/portal/datasets/qct.html>

QUALIFIED CENSUS TRACTS FOR NEW JERSEY 2015 CYCLES

A qualified census tract is a census tract in which at least 50% of households have an income less than 60% of the area median gross income. Legislation signed into law December 26, 2000 expanded the definition of Qualified Census Tracts to include those census tracts in which there exists a poverty rate of 25 percent or greater.

Attached is the list of IRC Section 42(d)(5)(C) Qualified Census Tracts for counties in the State of New Jersey, as published in the Federal Register.

To find out the census tract in which your project is located, call your county planning board or the U.S. Census Bureau in New York or Philadelphia. You may also try the following websites:

NJHMFA

http://njgin.state.nj.us/OIT_BusinessMap2/

HUD

<http://www.huduser.org/QCT/qctmap.html>

Census Bureau:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Projects located in qualified census tracts are allowed to increase their eligible basis by 130%.

NOTE: If a project has some buildings within a qualified census tract and some outside, separate Breakdowns of Cost and Basis must be used to calculate the amount of tax credits.

2015 IRS SECTION 42(d)(5)(B) QUALIFIED CENSUS TRACTS

(2010 Census Data; 2006-2010, 2007-2011, 2008-2012 American Community Survey (ACS) Data); OMB Metropolitan Area
Definitions, December 1, 2009

COUNTY OR COUNTY EQUIVALENT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT	TRACT
Atlantic County	3.00	4.00	5.00	11.00	14.00	15.00	19.00	23.00	24.00	25.00	121.00	
Bergen County	181.00	235.01	236.01									
Burlington County	7022.04	7026.03										
Camden County	6002.00	6004.00	6007.00	6008.00	6009.00	6010.00	6011.01	6011.02	6012.00	6013.00	6014.00	6015.00
	6016.00	6017.00	6018.00	6019.00	6020.00	6041.00	6103.00	6104.00				
Cape May County	205.00	214.00										
Cumberland County	201.00	202.00	203.00	205.03	301.00	302.00	303.00					
Essex County	2.00	3.00	7.00	8.00	9.00	10.00	11.00	13.00	14.00	15.00	16.00	17.00
	18.00	19.00	24.00	26.00	28.00	31.00	35.00	37.00	39.00	42.00	43.00	44.00
	46.00	48.01	48.02	50.00	51.00	53.00	54.00	57.00	62.00	66.00	67.00	68.00
	75.01	75.02	81.00	82.00	87.00	88.00	89.00	90.00	91.00	92.00	93.00	94.00
	96.00	99.00	103.00	106.00	108.00	109.00	111.00	112.00	116.00	119.00	121.00	124.00
	129.00	131.00	132.00	133.00	171.00	178.00	182.00	183.00	186.00	187.00	227.00	228.00
	229.00	230.00	231.00	232.00								
Gloucester County	5004.00	5011.01	5014.02	5014.04								
Hudson County	7.00	12.02	18.00	19.00	30.00	31.00	42.00	44.00	58.01	62.00	67.00	68.00
	78.00	109.00	145.02	153.00	161.00	166.00	170.00					
Mercer County	1.00	2.00	4.00	5.00	7.00	8.00	9.00	10.00	11.01	11.02	14.01	14.02
	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	28.00			
Middlesex County	45.00	46.00	47.00	48.00	49.00	51.00	52.00	53.00	56.01	56.02	57.00	58.00
	60.02	93.00										
Monmouth County	8016.00	8034.00	8056.00	8070.03	8070.04	8072.00	8073.00	8076.00	8108.00			
Morris County	435.00											
Ocean County	7152.00	7153.01	7153.02	7154.02	7155.00	7156.00	7157.00	7159.02	7201.01	7201.02	7201.03	7202.02
	7222.00	7312.01	7312.02	7312.05	7312.06	7391.00						

Passaic County	1251.00	1752.00	1753.01	1753.02	1754.01	1754.02	1755.00	1756.02	1758.01	1758.02	1759.00	1802.01
	1802.02	1803.00	1806.00	1807.00	1808.00	1809.00	1811.00	1812.00	1813.00	1814.00	1815.00	1817.02
	1818.00	1820.00	1821.00	1822.00	1823.01	1823.02	1827.00	1828.00	1829.00	1830.00	1832.00	2239.00
	2642.00											
Salem County	202.00	203.00	219.00	220.00	221.00							
Union County	302.00	304.00	306.00	310.00	311.00	314.00	317.00	319.04	389.00	393.00	398.00	399.00
Warren County	306.00	309.00										

Source: HUD Qualified Census Tract Table Generator, 2015 <http://www.huduser.org/portal/datasets/qct.html>

SITE PLAN REVIEW LETTER

(LETTERHEAD OF MUNICIPALITY)

Date (By Cycle Deadline)

Director of Tax Credit Services
New Jersey Housing and Mortgage Finance Agency
P.O. Box 18550
637 South Clinton Avenue
Trenton NJ 08650-2085

Re: Name of Rehabilitation Project
Street Address
Lot(s), Block(s)
Name of Sponsor

Dear Director:

I am the official for the city of _____ authorized to attest for planning and/or zoning actions. I have reviewed the proposal for rehabilitation of the subject property as described in the sponsor's low income housing tax credit application to NJHMFPA and have determined that the aforementioned sites that are part of the proposed rehabilitation do not require site plan approval because of the following reason(s):

(please check all that apply):

- ☐ The rehabilitation of the following lots will result in no new construction in excess of 1,000 square feet of floor area: (list all lot and block numbers that apply).
- ☐ The multifamily use is a pre-existing non-conforming use.
- ☐ No additional residential units will be created on the following lots: (list all lot and block numbers that apply).
- ☐ Other (please explain):

_____.

My determination is based upon my thorough review of all the necessary documents normally required to be submitted by a sponsor in connection with this municipality's site plan review. If you have any questions with regard to this letter, I may be reached at (____) - ____.

Sincerely,

Authorized Municipal Official
(e.g. Zoning Officer)

NEW JERSEY HOUSING & MORTGAGE FINANCE AGENCY

AFFIRMATIVE FAIR HOUSING MARKETING PLAN

I. APPLICANT AND PROJECT INFORMATION

1a. Applicant's Name, Address (including city, State and zip code) & Phone number _____		1b. Project's Name, Location: (including city, State and zip code) _____	
1c. Project/Application Number	1d. Number of Units		1e. Price or Rental Range From \$ To \$
1f. For Multifamily Housing Only <input type="checkbox"/> Elderly <input type="checkbox"/> Non-Elderly		1g. Approximate Starting Dates: Advertising: Occupancy:	
1h. County:		1i. Census Tract:	
1j. Managing/Sales Agent's Name & Address: (including city, State and zip code) 			

II. MARKETING

2a. Direction of Marketing Activity: (indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts) <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander		
2b. Type of Affirmative Marketing Plan: (mark only one) <input type="checkbox"/> Project Plan <input type="checkbox"/> Minority Area <input type="checkbox"/> White (non-minority) Area <input type="checkbox"/> Mixed Area (with _____% minority residents) <input type="checkbox"/> Annual Plan (for single-family scattered site units) Note: A separate Annual Plan must be developed for each type of census tract in which the housing is to be built.		
2c. Marketing Program: Commercial Media: (Check the type of media to be used to advertise the availability of this housing) <input type="checkbox"/> Newspapers/Publications <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Billboards <input type="checkbox"/> Other (specify)		
Name of Newspaper, Radio or TV Station	Racial/Ethnic Identification of Readers/Audience	Size/Duration of Advertising
2d. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster: (1) Will brochures, letters, or handouts be used to advertise? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) For project site sign, indicate sign size _____ x _____; Logotype size _____ x _____. (3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the <input type="checkbox"/> Sales/Rental Office <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Model Unit <input type="checkbox"/> Other (specify)		

II. MARKETING (continued)

2e. Future Marketing Activities (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

☐ Newspapers/Publications ☐ Radio ☐ TV ☐ Brochures/Leaflets/handouts ☐ Site Signs ☐ Community Contacts ☐ Other (specify)

III. COMMUNITY CONTACTS

3. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify HUD-FHEO of any changes in this list.

Name of Group/Organization:	Racial/Ethnic Identification:	Approximate Date:	Person Contacted or to be Contacted:
Address & Phone Number:	Method of contact:	Indicate the specific function the Group/Organization will undertake in implementing the marketing program:	

IV. STAFF EXPERIENCE

4. Staff has experience. ☐ Yes ☐ No

Additional considerations: Attach additional sheets as needed:

V. CERTIFICATIONS AND ENDORSEMENTS

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that knowingly falsifying the information contained herein may effect NJHMFA financial assistance for this project.

After consultation with NJHMFA, the applicant's signature affirms that changes necessary to ensure continued compliance with the affirmative fair housing marketing requirement will be made.

Name (Type or Print) _____

Name of Municipality or Housing Sponsor _____

Signature of Person Submitting Plan (Contact Person) _____

Date _____

Title _____

CONFIRMATION OF DENSITY BONUS LETTER

Date (By Cycle Deadline)

Director of Tax Credit Services
New Jersey Housing and Mortgage Finance Agency
P.O. Box 18550
637 South Clinton Avenue
Trenton NJ 08650-2085

Re: Name of Project
Street Address
Lot(s), Block(s)
Name of Sponsor
Name of Lawsuit (if applicable)

Dear Director:

(For court-ordered projects only - I am the Superior Court judge or special master with jurisdiction over the above-referenced lawsuit. This letter shall confirm that the proposed project, (project name), will be included in a final judgment of repose or court settlement.)

I have reviewed the proposal for construction of the subject property as described in the sponsor's low income housing tax credit application to NJHMFA and have determined the following:

Please check one of the following:

- ☐ 1. The proposed project HAS NOT received a density bonus subsidy as defined at N.J.A.C. 5:80-33.2. Furthermore, this rule has not been evaded by failing to apply all or any portion of the bonus density to the low- or moderate-income units, by diverting all or any portion of the bonus density to other uses or by utilizing any other device in which all or any portion of the bonus density is not used to subsidize the low- or moderate-income housing.
- ☐ 2. The proposed project HAS received a density bonus subsidy as defined at N.J.A.C. 5:80-33.2.

If 2 is checked above, you must check one of the following:

- ☐ 2a. The density bonus subsidy is SUFFICIENT to assure the financial feasibility of the project.
- ☐ 2b. Although the project has received a density bonus subsidy as defined at N.J.A.C. 5:80-33.2, the subsidy is INSUFFICIENT to assure the financial feasibility of the project.

If you have any questions with regard to this letter, I may be reached at () - .

Sincerely,

Superior Court Judge or Special Court Master (court projects)
or Planning Board Solicitor

cc Municipality
Sponsor

NONPROFIT CERTIFICATION

State of _____ SS.
County of _____

The undersigned, as the duly authorized representative of _____, the general partner of _____, is applying for Low Income Housing Tax Credits as a qualified nonprofit organization for the project known as _____.

The undersigned acknowledges that in order to qualify for the New Jersey Housing and Mortgage Finance Agency's nonprofit set-aside, the general partner must meet the definition of a qualified non-profit organization under Section 42(h)(5) of the Internal Revenue Code and the 2011 Qualified Allocation Plan. Furthermore, by checking all three boxes and signing below, the undersigned hereby acknowledges that said organization meets the following three-part definition:

9 (i) Such organization is described in paragraph (3) or (4) of Section 501(c) and is exempt from tax under Section 501(a) (attach IRS letter or advance ruling).

9 (ii) such organization is not affiliated with or controlled by a for-profit organization;

AND

9 (iii) one of the exempt purposes of such organization includes the fostering of low-income housing (attach by-laws or articles of incorporation).

CERTIFICATION

I, _____, hereby represent and state that the foregoing information, and all information submitted for the purpose of applying for Low-Income Housing Tax Credits, is true and complete. I acknowledge that the New Jersey Housing and Mortgage Finance Agency is relying on said information and thereby acknowledge that the undersigned entity is under a continuing obligation, from the date of this Certification through the completion of the Project, to notify NJHMFA in writing of any changes to the information contained in this certification and in the application. Under penalty of perjury, I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am and/or the undersigned entity is subject to criminal prosecution under the law, possible loss of tax credit allocation, and disqualification from future participation in the Low Income Housing Tax Credit Program in New Jersey.

Sworn and subscribed to before the undersigned
Notary Public on the date appearing below:

Witness/Attest (Secretary)

By: _____
Authorized Representative/
President of Corporation

Print Name and Title

ACKNOWLEDGMENT

CORPORATIONS

I CERTIFY that on _____, _____,
_____ personally came before me, and acknowledged under
oath, to my satisfaction, that he/she is the Secretary of
_____, the Corporation named in the
within Instrument; that _____ is the President of said Corporation;
that the execution, as well as the making of this Instrument, has been duly authorized by a proper resolution of the Board of
Directors of the said Corporation and said Instrument is signed and delivered by said President as and for the voluntary act and
deed of said Corporation, in the presence of deponent, who thereupon subscribed his/her name thereto as attesting witness.

LIMITED PARTNERSHIPS

I CERTIFY that on _____, _____,
_____ personally came before me, and acknowledged under oath,
to my satisfaction, that (a) he/she is the president of
_____, the general partner of
_____, the Limited Partnership named in this document; (b)
he/she was authorized to execute this document on behalf of the partnership and; (c) this document was signed and delivered
by him/her as the voluntary act of the general partner and the limited partnership.

LIMITED LIABILITY COMPANIES/PARTNERSHIPS

I CERTIFY that on _____, _____,
_____ personally came before me, and acknowledged under oath,
to my satisfaction, that (a) he/she is the president of
_____, the voting member of
_____, the Limited Liability Company/Partnership ("LLC/LLP")
named in this document; (b) he/she was authorized to execute this document on behalf of the LLC/LLP and; (c) this document
was signed and delivered by him/her as the voluntary act of the voting member and the LLC/LLP.

SWORN TO AND SUBSCRIBED before me this _____ day of _____.

A Notary Public of _____

My Commission Expires on: _____

2015 TAX CREDIT AUTHORITY

BY CYCLE AND SET-ASIDE

Family Cycle

50% of authority (min)

HOPE VI/ CHOICE Neighborhood Set-Aside = 1 project

Maximum annual allocation = \$1,750,000

Preservation Set-Aside = 1 project

Maximum annual allocation = \$1,250,000

Senior Cycle

20% of authority (min)

HOPE VI/ CHOICE Neighborhood Set-Aside = 1 project

Maximum annual allocation = \$1,400,000

Supportive Housing Cycle

12.5% of authority (min)

Maximum annual allocation = \$1,200,000

Mixed Income Reserve

Approximately \$2,000,000

**1 project within TUM and
1 project outside TUM**

Final Cycle

remainder of credits (if any)

Maximum annual allocation = \$1,750,000

LETTER OF MUNICIPAL SUPPORT

[MUNICIPAL LETTERHEAD]

[DATE]

DIRECTOR
DIVISION OF TAX CREDIT SERVICES
NEW JERSEY HOUSNG AND MORTGAGE FINANCE AGENCY
P.O. BOX 18550
TRENTON, NJ 08650-2085

Dear Director:

On behalf of the **Municipality** and **Sponsor** it gives me great pleasure to submit to you the enclosed application for funding under the Low Income Housing Tax Credit Program.

{Include a brief description of project – see example below}

Name of Development will be an important asset to our community. It will serve the citizens of both **Municipality** and **County** in its provision of safe, decent affordable housing for our **Population Served (i.e. senior population)** and will be an important part in the strengthening of our community's commercial district.

This letter shall serve to acknowledge that the requirements under Section 42(m)(1)(A)(ii) of the Internal Revenue Code, which provides the chief executive officer of the local jurisdiction within which the project is located a reasonable opportunity to comment on the project, have been satisfied.

Please feel free to contact **Municipal Contact** with any questions or comments and we look forward to your funding announcements.

Very truly yours,

Original Signature

(Name of Mayor)

Mayor, **Municipality**

TRANSIT ORIENTED DEVELOPMENT CONFIRMATION

<MUNICIPAL LETTERHEAD>

<DATE>

Director of Tax Credit Services
New Jersey Housing and Mortgage Finance Agency
P.O. Box 18550
637 South Clinton Avenue
Trenton NJ 08650-2085

Dear Director:

Please accept this letter as certification that <Project> [Lot(s): , Block(s):] is located within a Transit Oriented Development (TOD), defined in 5:80-33.1 of the Low Income Housing Tax Credit Qualified Allocation Plan (QAP) as “a mixed-use development within walking distance (within 1/2 mile) of a rail, light rail, subway, ferry or major bus corridor station”.

Further, <Municipality> recognizes that TOD is a key element of livable and sustainable communities; TOD creates communities where people of all ages and incomes have access to transportation and housing opportunities allowing people to walk, bike and take transit for their daily trips.

TOD fosters a convenient and affordable lifestyle where housing, jobs, restaurants, and entertainment are all in convenient proximity. Additionally, TOD increases transit ridership and reduces automobile congestion, providing value for both the public and private sectors.

Do not hesitate to contact me at (PHONE NUMBER) with regard to any further questions.

Sincerely,

<NAME>

Authorized Municipal Planner



New Jersey Housing and Mortgage Finance Agency
**2015 LIHTC Green Point Requirements and
Documentation**
for the Low-Income Housing Tax Credit Green Point

The following document goes through the requirements for each of the Green Point options provided within the Low Income Housing Tax Credit Program's Qualified Allocation Plan – found at 5:80-33.15(a)13.

ATTENTION:

All applicants MUST visit <http://www.state.nj.us/dca/hmfa/developers/credits/green/> to view all the latest 2015 requirements and guidelines for the different Low Income Housing Tax Credit Green Point elections.

FOR MORE INFORMATION & TO APPLY:

Pam DeLosSantos, AIA, LEED AP BD+C
NJ Housing and Mortgage Finance Agency
Technical Services – Green Technical Advisor
PDeLossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609.656.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611



New Jersey Housing and Mortgage Finance Agency
Energy Benchmarking Initiative
Requirements and Documentation

IMPORTANT NOTES:

- In order to qualify for this point, the application shall include a copy of the completed, signed and submitted letter of intent from the developer to NJHMFA.
- Prior to issuance of the 8609, developer/owner will submit a signed energy benchmarking utility release form for all common area meters (gas, oil, and electric, etc.), provision of certain project data (square footage per building, mechanical systems installed, etc.) and signed energy benchmarking utility release forms for a minimum of 75% of tenants rented up at time of 8609 issuance.
- Applicant will also be required to include the tenant utility release form as a part of the lease agreement. For the next two years, the applicant will ensure that at least 75% of tenants have viable utility release forms and will collect the utility data from the applicable utility company on a semi-annual basis.
- NJHMFA does not provide additional, set-aside funding for Green Items covered by this program.

SUBMIT ALL REQUIRED DOCUMENTATION AFTER A TAX CREDIT ALLOCATION TO:

Please send all required documents to:

Pam DeLosSantos, AIA
NJ Housing and Mortgage Finance Agency
Technical Services – Green Technical Advisor
PDeLossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609.278.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

- ☐ Letter of Intent
- ☐ Energy Benchmarking building utility release form
- ☐ Energy Benchmarking tenant utility release form

LETTER OF INTENT – ENERGY BENCHMARKING INITIATIVE

Please Fax a signed copy of this page to NJHFMA Green Homes Office and include in Tax Credit Application.

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We have received and reviewed the Program’s materials, consisting of the ‘LIHTC Green Point Requirements 2015’ and ‘Energy Benchmarking Technical Manual’, which includes the letter of intent, building utility release form and survey, and tenant utility release form.
2. We understand that a meeting with the Green Technical Advisor is required within three (3) months of the Tax Credit Award Date.
3. We understand that prior to issuance of the 8609 we will submit a signed energy benchmarking utility release form for all common area meters (gas, oil, and electric, etc.), provision of certain project data (square footage per building, mechanical systems installed, etc.) and signed energy benchmarking utility release forms for a minimum of 75% of tenants rented up at time of 8609 issuance.
4. We understand for the next two years, we will ensure that at least 75% of tenants have viable utility release forms and will collect the utility data from the applicable utility company on a semi-annual basis.
5. We understand that NJ *ENERGYEFFICIENT* Homes certification is a prerequisite to participation in the LIHTC Green Point program. I will comply with the ENERGY STAR requirements as indicated in the LIHTC QAP section (c)8 and 2015 ENERGY STAR Equivalency letter of intent.
6. If requested we will allow NJHMFA staff access to the project site pre, during and post construction for the purpose of but not limited to: project monitoring, performance testing, interviews, surveys and photographs.
7. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____

BUILDING OWNER UTILITY RELEASE FORM

Authorization for NJHMFA to Receive Customer Utility Data

Date: _____

To Whom It May Concern:

By signing this release form, the property owner (Owner) grants the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and its designee, a consultant for this initiative, permission to access utility data information for the past two (2) years of and for the following four (4) years from this date for the development/building referenced below. The utility data includes energy consumption, energy demand, energy cost, as well as associated fees and taxes for each billing period. This information will be used to track energy efficiency and consumption of the building indicated below for the express purpose of measuring the success of past energy upgrades, comparing building performance to similar building types and determining need for future energy efficiency improvements.

I am an authorized representative for the development and building listed below and account(s) listed on the following page(s), totaling ____ pages, and represent and warrant that I have full authority to execute this release form on behalf of the Owner. Owner understands that the information obtained as part of this initiative may be released by the NJHMFA to other participating developments upon request for comparison purposes. Comparison reports compiled by the NJHMFA for this program and provided to other developments will not include this development's name or address. Owner understands and acknowledges that such information may be subject to release under the Open Public Records Act, N.J.S.A. 47:1A-1 et seq., or other applicable law. Owner understands that each applicable utility provider (Utility) reserves the right to verify this authorization request.

Owner authorizes the Utility to release the requested information on Owner's account or facilities to the NJHMFA or its designee. Owner hereby releases, holds harmless, and indemnifies the NJHMFA and the Utility from any liability, claims, demands, causes of action, damages, or expenses as a result of, but not limited to: 1) any release of information to NJHMFA or its designee pursuant to this Utility Release; or 2) the unauthorized use of this information by NJHMFA or its designee.

Sincerely,

Authorized Representative (signature)

Please print clearly.

Authorized Representative Name: _____

Development Name: _____

Building Service Address: _____

Development Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

ENERGY BENCHMARKING SURVEY FORM

Please complete one Building Data Form for each building in a development.

BUILDING DATA

Development Name: _____ NJHMFA #: _____

Address: _____ Year Built: _____

Electricity Metering (check one): ☐ Individually-Metered / ☐ Master-Metered

Gas Metering (check one): ☐ Individually-Metered / ☐ Master-Metered

Total Sq. Ft.: _____ Conditioned Sq. Ft.: _____ Common Area Sq. Ft.: _____

of Buildings: _____ # of Floors in each building: _____ # of Elevators: _____

Past Energy-Efficiency Work Completed (select all that apply and include year implemented):

<i>Energy-Efficiency Improvement</i>	<i>Year implemented</i>
<input type="checkbox"/> ENERGY STAR Homes Certification (not equivalency)	
<input type="checkbox"/> ENERGY STAR Equivalency	
<input type="checkbox"/> Solar Photovoltaic (PV)	
<input type="checkbox"/> Green Future or Affordable Green	
<input type="checkbox"/> Cogeneration (CHP)	
<input type="checkbox"/> Solar Hot Water	
<input type="checkbox"/> Windows	
<input type="checkbox"/> Lighting	
<input type="checkbox"/> Other (please describe)	

Please include all types of energy used. Complete additional forms as needed when utility information differs by building.

METER INFORMATION

Electric Utility Name: _____

Account Number(s): _____

Natural Gas Utility Name: _____

Account Number(s): _____

Fuel Oil Utility Name: _____

Account Number(s): _____

Other Meters-not including water or sewer (e.g. Renewable Energy, Propane, Cogeneration):

Utility Name & Account Number(s):

Utility Name & Account Number(s):

Utility Name & Account Number(s):

Utility Name & Account Number(s):

BUILDING SYSTEM CHARACTERISTICS (OPTIONAL):

Please check all that apply:

Heating System Type:

- ☐ Furnace
- ☐ High Efficiency Condensing Furnace
- ☐ High Efficiency Condensing Burner
- ☐ Hot Water Boiler
- ☐ Steam Boiler
- ☐ Heat Pump
- ☐ High Efficiency Variable Heat Pump
- ☐ Ground Source Heat Pump
- ☐ Packaged Terminal Air Conditioner (PTAC) Unit
- ☐ Cogeneration (CHP)
- ☐ Special Description:

Cooling system type:

- ☐ Chiller
- ☐ Wall Unit (in each Apt.)
- ☐ Cooling Tower
- ☐ Window Unit (in each Apt.)
- ☐ Compressor (mini-split)
- ☐ Compressor (ducted)
- ☐ Ground Source Heat Pump
- ☐ Packaged Terminal Air Conditioner (PTAC) Unit
- ☐ Special Description:

Building type:

- ☐ Wood or steel frame
- ☐ Solid Concrete
- ☐ Masonry
- ☐ Modular
- ☐ Structurally insulated panels (SIPS)
- ☐ Other type:

TENANT UTILITY RELEASE FORM

Authorization for NJHMFA to Receive Customer Utility Data

Date: _____

To Whom It May Concern:

By signing this release form, the tenant (Tenant) grants the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and its designee (a consultant for this initiative) permission to access utility data information for the past two (2) years of and for the following four (4) years from this date for the unit referenced below. Utility data includes energy consumption, energy demand, energy cost as well as associated fees and taxes for each billing period. This information will be used to track energy efficiency and consumption of the building indicated below for the express purpose of measuring the success of past energy upgrades, comparing building performance to similar building types and determining need for future energy efficiency improvements.

I am an authorized representative for the unit and account(s) listed below and represent and warrant that I have authority to execute this release. Tenant understands that the information obtained as part of this initiative may be released by the NJHMFA to other participating developments upon request for comparison purposes. Comparison reports compiled by the NJHMFA for this program and provided to other developments will not include tenant's information or this development's name or address. Tenant understands and acknowledges that such information may be subject to release under the Open Public Records Act, N.J.S.A. 47:1A-1 et seq., or other applicable law. Tenant understands that each applicable utility provider reserves the right to verify this authorization request.

Tenant authorizes the Utility to release the requested information on Tenant's account to the NJHMFA or its designee. Tenant hereby releases, holds harmless, and indemnifies the NJHMFA and Utility from any liability, claims, demands, causes of action, damages, or expenses as a result of, but not limited to: 1) any release of information to NJHMFA or its designee pursuant to this Utility Release; or 2) the unauthorized use of this information by NJHMFA or its designee. Tenant understands that he/she may cancel this authorization at any time by submitting a written request to both the Utility and NJHMFA.

Sincerely,

Authorized Representative (Tenant signature) _____

Please print clearly.

Representative name: _____

Development Name: _____

Building Address: _____

Unit Number: _____ Number of Bedrooms in Unit: _____

Please list utility provider(s) and account number(s):

ELECTRIC UTILITY: _____ ACCOUNT #: _____

GAS UTILITY: _____ ACCOUNT #: _____



New Jersey Housing and Mortgage Finance Agency

Solar Hot Water or Water Retainage and Reuse System Requirements and Documentation

IMPORTANT NOTES:

- Changes to the minimum requirements of the solar hot water or water retainage and reuse system green point, due to extenuating circumstances must be submitted in writing to the NJHMFA Green Homes Office. Changes must have written approval prior to implementation.

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

Exhibit A: Completed and Signed Developer Affidavit, Attachment D.

Exhibit B: Written and Signed quote from Solar Installer indicating Exhibits C through G

Exhibit C: Location of system – via site plan and indicated in quote (roof or stand)

Exhibit D: Size of system – indicated in quote

Exhibit E: Type of system – indicated in quote

Exhibit F: Cost of system – indicating whether taking the federal tax incentive, and/or any other incentives.

Exhibit G: Expected energy output of system – indicated in quote

Solar Hot Water or Water Retainage and Reuse System

FINAL SUBMISSION & PROJECT TIMELINE:

- a. Prior to start of construction submit the following:
 - i) Completed and Signed Solar Installer Affidavit, Attachment E.
 - ii) Expected energy output of system compared to expected energy usage of common areas
- b. If receiving NJHMFA construction, Home Express financing, or NJHMFA Permanent financing:
 - i) Submit the items under a/i – iii.
 - ii) Cost breakout: total installed cost, incentives (if any), amount of energy cost saved per year, and amount to be paid by developer
- c. For 8609 package and sent to Pam DeLosSantos:
 - i) Copy of final inspection by utility company, municipal authority, and /or BPU representative
 - ii) Confirmation letter from NJ Green Homes Office - that it meets the LIHTC requirements

FOR MORE INFORMATION & TO APPLY:

Please send all required documents within 'FINAL SUBMISSION & PROJECT TIMELINE' to:

Pam DeLosSantos, AIA, LEED AP BC+C
NJ Housing and Mortgage Finance Agency
Technical Services – Green Technical Advisor
PDeLossantos@njhmf.state.nj.us
Phone: 609.278.7627
Fax: 609.656.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

Attachment D. DEVELOPER'S AFFIDAVIT:

**New Jersey Housing and Mortgage Finance Agency
Low-Income Housing Tax Credit Green Point
Solar Hot Water or Water Retainage and Reuse System**

By signing this document, I certify the following ("we" refers to the applicant organization):

1. We have received and reviewed the 'LIHTC Green Point Requirements 2015' document, which includes a list of requirements, an application timeline, forms and related informational material.
2. We understand that if our project's application for Low-Income Housing Tax Credits is accepted and awarded, we will be required to install a solar hot water system that covers 100 percent of the hot water demands for common area needs. If we are installing a water retainage and reuse system the system must be designed and installed to meet 100 percent of the non-potable common area demands (that is, all toilet flushing and landscaping needs).
3. We will submit requested documentation as outlined within the 'LIHTC Green Point Requirements 2015' document.
4. We will purchase, own and maintain the solar hot water system or water retainage and reuse system or as outlined in the agreement with our installer for a period of at least 20 years.
5. We understand that New Jersey ENERGYEfficient Homes certification is a prerequisite to participation in the LIHTC Green Point program. I will comply with New Jersey ENERGYEfficient Homes requirements as indicated in the LIHTC QAP section (c)8 and the 2015 ENERGY STAR Equivalency letter of intent.
6. I am an authorized representative of the development organization, project, and ownership entity.

Signature: _____ Date: _____

Name of signer: _____

Title: _____ Phone: _____

Organization: _____

Project Name: _____

Project Address: _____

Type of Building: _____

Type of Roof: _____ No. Units: _____

Attachment E. INSTALLER'S AFFIDAVIT:

**New Jersey Housing and Mortgage Finance Agency
Low-Income Housing Tax Credit Green Point
Solar Hot Water or Water Retainage and Reuse System**

[Name of Installation Company]

[Address 1]

[Address 2]

[Phone]

[Fax]

AFFIDAVIT FROM INSTALLER

Project Name: _____

Location: _____

I HEREBY CERTIFY that within the proposed scope of work for [project name]'s solar hot water or water retainage and reuse system that, to the best of my ability, it will meet the following:

A solar hot water system that covers at 100 percent of the hot water demands for common area needs. If we are installing a water retainage and reuse system the system must be designed and installed to meet 100 percent of the non-potable common area demands (that is, all toilet flushing and landscaping needs).

Signed this _____ day of _____, 2015.

By: [Name, Title]
[Name of Installation Company]



New Jersey Housing and Mortgage Finance Agency
Green Future
Requirements and Documentation

IMPORTANT NOTES:

- Final Green Worksheet must be approved by NJHMFA prior to signing loan or grant agreements! Final worksheet will be attached to loan and grant agreements and will be considered a contractual obligation.
- NJHMFA must receive and approve the NJ Energy Star Homes 2015 site submittal form for the project, including equipment-sizing calculations, prior to construction.
- Changes and Substitutions to the Requirements in the Green Worksheet due to extenuating circumstances must be submitted in writing to the Green Homes Office. Changes must have approval prior to implementation.
- NJHMFA does not provide additional, set-aside funding for Green Items covered by this program.

SUBMIT ALL REQUIRED DOCUMENTATION AFTER A TAX CREDIT ALLOCATION TO:

Please send all required documents within 'FINAL SUBMISSION & PROJECT TIMELINE' to:

Pam DeLosSantos, AIA
NJ Housing and Mortgage Finance Agency
Technical Services – Green Technical Advisor
PDeLossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609.278.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

Attachment A. LETTER OF INTENT – GREEN FUTURE PROGRAM:

Please Fax a signed copy of this page to NJHFMA Green Homes Office and include in Tax Credit Application.

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We have received and reviewed the Program’s materials, consisting of the ‘LIHTC Green Point Requirements 2015’ and ‘Green Future Guidelines 2014/15’ documents, which includes a list of requirements, an application timeline, Green Worksheet Template, Project Application and related informational material.
2. We understand that a meeting with the NJHMFA Green Homes Office and Green Technical Advisor is required within three (3) months of the Tax Credit Award Date.
3. We understand that NJ *ENERGYEFFICIENT* Homes certification is a prerequisite to participate in the LIHTC Green Point program and a required item in the Green Future Program. I will comply with ENERGY STAR requirements as indicated in the LIHTC QAP section (c)8 and ENERGY STAR letter of intent.
4. We understand the Program material, and more specifically I have read and understand the process and procedures set forth in the ‘LIHTC Green Point Requirements 2015’ and ‘Green Future Guidelines 2014/15’ documents.
5. We understand that if our project’s application for Low-Income Housing Tax Credits is accepted, we will be required to commit to those items in the Green Worksheet that are to be integrated into the project, as well as to State mandated reporting requirements, all of which will be reflected in terms of the Grant, Loan or/and Mortgage Agreements.
6. If requested we will allow NJHMFA staff access to the project site pre, during and post construction for the purpose of but not limited to: project monitoring, performance testing, interviews, surveys and photographs.
7. We agree that project signage will include language stating the project is an “NJHMFA – Green Future Project - Integrating Green High Performance Features”.
8. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____



New Jersey Housing and Mortgage Finance Agency

2015 ENERGY STAR V.3 LETTER OF INTENT: Requirements and Documentation

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We agree to complete the ENERGY STAR certification process (or equivalent), and will comply with the submission requirements listed in the NJHMFA Guide to 2015 ENERGY STAR Equivalency Requirements document.
2. If requested we will allow the NJHMFA Green Homes Office, or designee, access to the project site pre, during and post construction for the purpose of but not limited to confirming ENERGY STAR compliance.
3. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

- ☐ Completed and Signed Letter of Intent
- ☐ Copy of NJ Energy Star Homes Partnership Agreement
- ☐ Signed Home Energy Rating System (HERS) contract

FINAL SUBMISSION:

For 8609 package and sent to Pam DeLosSantos:

- ☐ Copy of Pre-Drywall ENERGY STAR Inspection (including EPA Thermal Bypass Checklist)
- ☐ Energy Star Homes Certificate issued by the EPA or NJCEP for each dwelling unit/building in the project
- ☐ Market manager site submittal acceptance notification



New Jersey Housing and Mortgage Finance Agency

Solar Photovoltaic

Requirements and Documentation

IMPORTANT NOTES:

- Changes to the minimum requirements of the solar photovoltaic green point, due to extenuating circumstances must be submitted in writing to the NJHMFA Green Homes Office. Changes must have written approval prior to implementation.

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

Exhibit A: Completed and Signed Developer Affidavit, Attachment D.

Exhibit B: Written and Signed quote from Solar Installer indicating Exhibits C through G

Exhibit C: Location of system – via site plan and indicated in quote (roof or stand)

Exhibit D: Size of system – indicated in quote

Exhibit E: Type of system – indicated in quote

Exhibit F: Cost of system – indicating whether taking the federal tax incentive, and/or any other incentives.

Exhibit G: Expected energy output of system – indicated in quote

Solar Photovoltaic

FINAL SUBMISSION & PROJECT TIMELINE:

- a. Prior to start of construction submit the following:
 - i) Completed and Signed Solar Installer Affidavit, Attachment E.
 - ii) Expected energy output of system compared to expected energy usage of common areas
- b. If receiving NJHMFA construction, Home Express financing, or NJHMFA Permanent financing:
 - i) Submit the items under a/i – iii.
 - ii) Cost breakout: total installed cost, incentives (if any), amount of energy cost saved per year, and amount to be paid by developer
- c. For 8609 package and sent to Pam DeLosSantos:
 - i) Copy of final inspection by utility company, municipal authority, and /or BPU representative (BPU needed if selling Solar Renewable Energy Certificates).
 - ii) Copy of NJ Clean Energy SREC Certification letter confirming your projects SREC number.
 - iii) Confirmation letter from NJ Green Homes Office - that it meets the LIHTC requirements

FOR MORE INFORMATION & TO APPLY:

Please send all required documents within 'FINAL SUBMISSION & PROJECT TIMELINE' to:

Pam DeLosSantos, AIA, LEED AP BC+C
Technical Services
NJ Housing and Mortgage Finance Agency
pdelossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609. 656.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

Attachment D. DEVELOPER'S AFFIDAVIT:

**New Jersey Housing and Mortgage Finance Agency
Low-Income Housing Tax Credit Green Point
SOLAR PHOTOVOLTAIC**

By signing this document, I certify the following ("we" refers to the applicant organization):

1. We have received and reviewed the 'LIHTC Green Point Requirements 2015' document, which includes a list of requirements, an application timeline, forms and related informational material.
2. We understand that if our project's application for Low-Income Housing Tax Credits is accepted and awarded, we will be required to install a Solar Photovoltaic system that covers at least 75% of the common area load and is at least 20kW in size.
3. We will submit requested documentation as outlined within the 'LIHTC Green Point Requirements 2015' document.
4. We will purchase, own and maintain the solar electric power system as outlined in the agreement with our solar installer for a period of at least 20 years.
5. We understand that New Jersey ENERGYEfficient Homes certification is a prerequisite to participation in the LIHTC Green Point program. I will comply with New Jersey ENERGYEfficient Homes requirements as indicated in the LIHTC QAP section (c)8 and the New Jersey ENERGYEfficient Homes letter of intent.
6. I am an authorized representative of the development organization, project, and ownership entity.

Signature: _____ Date: _____

Name of signer: _____

Title: _____ Phone: _____

Organization: _____

Project Name: _____

Project Address: _____

Type of Building: _____

Type of Roof: _____ No. Units: _____

Attachment E. SOLAR INSTALLER'S AFFIDAVIT:

**New Jersey Housing and Mortgage Finance Agency
Low-Income Housing Tax Credit Green Point
SOLAR PHOTOVOLTAIC**

[Name of Solar Photovoltaic Company]

[Address 1]

[Address 2]

[Phone]

[Fax]

AFFIDAVIT FROM SOLAR INSTALLER

Project Name: _____

Location: _____

I HEREBY CERTIFY that within the proposed scope of work for [Project Name]'s solar photovoltaic system that, to the best of my ability, it will meet the following:

A photovoltaic system that conforms with the requirements of the 2015 New Jersey Qualified Allocation Plan, N.J.A.C. 5:80-33.15(a)14(ii). The photovoltaic system is sized to cover at least 75% of the project's common area electrical expense and will be at least a 20 kilowatt system.

Signed this _____ day of _____, 2015.

By: [Name, Title]

[Name of Solar Photovoltaic Company]



New Jersey Housing and Mortgage Finance Agency

LEED Certification

Requirements and Documentation

IMPORTANT NOTES:

- Once you have selected LEED Certification for your LIHTC Green Point, you cannot change to another Green Point.
- LEED experience will give the team the best opportunity to actually get certified.
- LEED was provided as a Green Point option for those developers who would like more flexibility in order to comprehensively design the project and for projects that have other funding or incentives based on LEED Certification. We advise to looking into certification costs prior to committing to this point.
- You can choose between LEED Homes, LEED Existing Buildings or LEED New Construction, as applicable.

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

Exhibit A: Completed and Signed LEED Letter of Intent, Attachment F.

Exhibit B: Copy of developer contract with a LEED Accredited Professional.

Exhibit C: The LEED Professional's Accreditation Certificate

Exhibit D: The LEED Professional's experience

LEED CERTIFICATION

FINAL SUBMISSION & PROJECT TIMELINE:

- a. Prior to start of construction, or closing on construction financing, submit the following to Pam DeLosSantos:
 - i) Copy of your LEED Scorecard.
 - ii) Copy of your On-line Design Review print-out.
 - iii) Contact information of your USGBC LEED contact, who will review the project and approve.
- b. During construction, upon request from NJ Green Homes Office or designated representative:
 - i) Copy of LEED Binder with supporting documentation
- c. For 8609 package and sent to Pam DeLosSantos:
 - i) Copy of LEED Certificate
 - ii) Copy of Final Scorecard

FOR MORE INFORMATION & TO APPLY:

Please send all required documents within 'FINAL SUBMISSION & PROJECT TIMELINE' to:

Pam DeLosSantos, AIA, LEED AP BC+C
Technical Services
NJ Housing and Mortgage Finance Agency
pdelossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609. 656.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

Attachment F. LEED LETTER OF INTENT:

**United States Green Building Council
Leadership in Energy & Environmental Design (LEED) Certification for
Low-Income Housing Tax Credit Green Point**

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We have received and reviewed the “LIHTC Green Point 2015” document, which includes a list of requirements, an application timeline, forms and related informational material.
2. We understand that if our project’s application for Low-Income Housing Tax Credits is accepted and awarded, we will be required to receive a USGBC Leadership in Energy & Environmental Design Certificate prior to release of the IRS Form 8609.
3. We will submit requested documentation as outlined within the ‘LIHTC Green Point 2015’ document.
4. We understand that New Jersey ENERGYEfficient Homes certification is a prerequisite to participation in the LIHTC Green Point program. I will comply with ENERGY STAR requirements as indicated in the LIHTC QAP section (c)8 and ENERGY STAR letter of intent.
5. I am an authorized representative of the development organization, project, and ownership entity.

Signature: _____ Date: _____

Name of signer: _____

Title: _____ Phone: _____

Organization: _____

Project Name: _____

Project Address: _____

Type of Building: _____

No. Units: _____



New Jersey Housing and Mortgage Finance Agency

National Green Building Standard Certification

Requirements and Documentation

IMPORTANT NOTES:

- Once you have selected NGBS Certification for your LIHTC Green Point, you cannot change to another Green Point.
- NGBS experience will give the team the best opportunity to actually get certified.
- NGBS was provided as a Green Point option for those developers who would like more flexibility in order to comprehensively design the project and for projects that have other funding or incentives based on NGBS Certification. We advise to looking into certification costs prior to committing to this point.

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

Exhibit A: Completed and Signed NGBS Letter of Intent, Attachment F.

Exhibit B: Copy of developer contract with a NGBS Accredited Professional.

Exhibit C: The NGBS Professional's Accreditation Certificate

Exhibit D: The NGBS Professional's experience

NGBS CERTIFICATION

FINAL SUBMISSION & PROJECT TIMELINE:

- d. Prior to start of construction, or closing on construction financing, submit the following to Pam DeLosSantos:
 - i) Copy of your **NGBS Verification Report Spreadsheet**
 - ii) Contact information of your NAHB NGBS contact, who will verify the project and approve.
- e. During construction, upon request from NJ Green Homes Office or designated representative:
 - i) Support documentation confirming compliance with NGBS program
- f. For 8609 package and sent to Pam DeLosSantos:
 - i) Copy of **NGBS Certificate**
 - ii) Copy of Final **Verification Report Spreadsheet**

FOR MORE INFORMATION & TO APPLY:

Please send all required documents within 'FINAL SUBMISSION & PROJECT TIMELINE' to:

Pam DeLosSantos, AIA, LEED AP BC+C
Technical Services
NJ Housing and Mortgage Finance Agency
pdelossantos@njhmfa.state.nj.us
Phone: 609.278.7627
Fax: 609. 656.0207

For U.S. Post Office:
P.O. Box 18550
Trenton, NJ 08650-2085

For Fed Ex, UPS, Visitors, etc:
637 S. Clinton Ave.
Trenton, NJ 08611

Attachment F. NGBS LETTER OF INTENT:

**National Association of Housing Builders (NAHB)
National Green Building Standard (NGBS) Certification for
Low-Income Housing Tax Credit Green Point**

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We have received and reviewed the “LIHTC Green Point 2015” document, which includes a list of requirements, an application timeline, forms and related informational material.
2. We understand that if our project’s application for Low-Income Housing Tax Credits is accepted and awarded, we will be required to receive a NGBS Certificate prior to release of the IRS Form 8609.
3. We will submit requested documentation as outlined within the ‘LIHTC Green Point 2015’ document.
4. We understand that New Jersey ENERGYEfficient Homes certification is a prerequisite to participation in the LIHTC Green Point program. I will comply with ENERGY STAR requirements as indicated in the LIHTC QAP section (c)8 and New Jersey *ENERGY*Efficient Homes letter of intent.
5. I am an authorized representative of the development organization, project, and ownership entity.

Signature: _____ Date: _____

Name of signer: _____

Title: _____ Phone: _____

Organization: _____

Project Name: _____

Project Address: _____

Type of Building: _____

No. Units: _____



New Jersey Housing and Mortgage Finance Agency
Tier 3 Energy Star Climate Choice
Requirements and Documentation

By signing this document, I certify the following (“we” refers to the applicant organization):

We agree to complete the Tier 3 Energy Star Climate Choice certification process.

1. If requested we will allow the NJHMFA Green Homes Office, or designee, access to the project site pre, during and post construction for the purpose of but not limited to confirming Tier 3 Energy Star Climate Choice compliance.
2. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____

WHAT TO SUBMIT WITH TAX CREDIT APPLICATION

Attach hard copies of the following with application.

- ☐ Completed and Signed Letter of Intent
- ☐ Signed Home Energy Rating System (HERS) contract

FINAL SUBMISSION:

For 8609 package and sent to Pam DeLosSantos:

- ☐ Energy Star Homes Certificate issued by the EPA or NJCEP for each dwelling unit/building in the project



**New Jersey Housing and Mortgage Finance Agency
New Jersey ENERGYEfficient Homes
LETTER OF INTENT:**

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We understand that **New Jersey ENERGYEfficient Homes** certification is a prerequisite to participation in the Home Express / Green Future / Low-Income Housing Tax Credit / CHOICE (circle applicable) program(s), we agree to complete the **New Jersey ENERGYEfficient Homes** certification process (or equivalent), and will comply with the submission requirements listed in the NJHMFA **New Jersey ENERGYEfficient Homes** requirements document found under NJ Green Homes Office Programs section of the UNIAP and at <http://www.njgreen.gov/dca/hmfa/gho/dprograms/lowincome/>.
2. We understand that no projects are exempt from this requirement and have reviewed the alternative programs (if needed) for compliance - as indicated in the NJHMFA **New Jersey ENERGYEfficient Homes** requirements document.
3. If requested we will allow the NJHMFA Green Homes Office, or designee, access to the project site pre, during and post construction for the purpose of but not limited to confirming **New Jersey ENERGYEfficient Homes** compliance.
4. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____



**New Jersey Housing and Mortgage Finance Agency
2015 ENERGY STAR EQUIVALENCY LETTER OF INTENT:**

By signing this document, I certify the following (“we” refers to the applicant organization):

1. We understand that ENERGY STAR certification (or equivalent) is a prerequisite to participation in the Low-Income Housing Tax Credit program, we agree to complete the applicable ENERGY STAR equivalency program, and will comply with the submission requirements listed in the NJHMFA ENERGY STAR requirements document.
2. We understand that no projects are exempt from this requirement and have reviewed the alternative programs (if needed) for compliance - as indicated in the NJHMFA ENERGY STAR requirements document.
3. If requested we will allow the NJHMFA Green Homes Office, or designee, access to the project site pre, during and post construction for the purpose of but not limited to confirming ENERGY STAR compliance.
4. NEW CONSTRUCTION PROJECTS MUST SELECT EITHER ‘NJ ENERGYEfficient Homes’ or ‘NJ ENERGY STAR Homes (version 3)’
5. WHEN LIHTC IS AWARDED, CONTACT THE GREEN HOMES OFFICE FOR THE NEXT COMPLIANCE STEPS.
6. I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of signer: _____

Title: _____

Project Name: _____

Organization: _____

CHECK THE NJHMFA ENERGY STAR EQUIVLENCY Requirement Program most likely to participate in:

☐

NJ *ENERGY*Efficient Homes

☐

NJ ENERGY STAR Homes V.3

☐

HOME PERFORMANCE WITH
ENERGY STAR

☐

PAY FOR PERFORMANCE
NEW CONSTRUCTION

☐

PAY FOR PERFORMANCE
EXISTING CONSTRUCTION

☐

HMFA EQUIVALENCY LETTER
(to be co-signed with HMFA staff prior
to construction)



ENERGY STAR EQUIVALENT LETTER OF UNDERSTANDING:

New Jersey Housing and Mortgage Finance Agency
For Compliance with ENERGY STAR EQUIVALENCY requirements

Letter of Intent for _____, _____, NJ

By signing this document, I certify the following (“we” refers to the applicant organization):

We understand that our project is not exempt from ENERGY STAR requirements and that we have attempted and are unable to participate in one of the formal programs presented within the current ‘Guide to NJHMFA ENERGY STAR Requirements’ document. This project shall fulfill the threshold ENERGY STAR requirement for the purposes of the **Green Future / Low-Income Housing Tax Credit (circle applicable) program(s)** by complying with the minimum standards set forth in (1) through (4) below. The minimum rehab project named _____, located at _____, _____, NJ, will comply with the following minimum requirements, which will be confirmed by the NJHMFA Green Homes Office.

1. Structural Work:

- a. Specified new Tyvek is to be installed per manufacturer’s instructions that include taping at all seams – if siding is replaced.
- b. If penetrations in exterior or inter-unit walls are exposed during renovation (from either interior or exterior sides), they are to be air-sealed with either foam or caulk sealant (Fiber Glass batts, Thermo-fiber or Rock wool is not acceptable).
- c. If the moderate rehab requires/includes demolition of the walls/ceilings in contact with the exterior envelope, the following insulation levels will be installed:
- d. Walls.....R-13
- e. Roof/ceilings.....R-19 to R-30 (depending on joist/rafter sizes)
- f. Unfinished basement.....R-10 walls; R-19 floor above

2. General Apartment Renovation:

- a. All windows (other than Historic facades) will be replaced with energy efficient windows having a low-e coating. Windows to have maximum U-factor of 0.35 and a maximum solar heat gain coefficient (SHGC) of 0.39.
- b. All appliances (refrigerators, ranges (electric) and range hoods) will be ENERGY STAR rated.
- c. All light fixtures (interior and exterior building mounted) will be replaced with energy efficient fixtures having the ENERGY STAR label (excludes closets and unfinished basement areas). The closets and unfinished basement fixtures will have a screw-in compact fluorescent.
- d. As much as possible floors, walls, and ceilings are to be air sealed with caulk or foam at any and all penetrations through sheetrock and/or floor (i.e., mechanical, electrical and or plumbing penetrations) or where one construction material meets another, (i.e., replaced window sills)
- e. Flooring: if framing to sub-floor/flooring of perimeter of apartment is exposed during installation, seal at this joint with caulk to prevent exterior, inter-unit or unit-to-hallway infiltration.

3. Boilers, Heating & Plumbing Work:

- a. If the existing hot air furnace is replaced, it will be replaced with 90% AFUE (efficiency) units.
- b. If air conditioning is to be provided, it will be provided with SEER 13 and 11.0 EER (efficiency) units.
- c. If the existing hot water heater is replaced, it will be replaced with
gas efficiency: 40 gal = 0.61, 60 gal = 0.57;
electric efficiency: 40 gal = 0.93, 50 gal = 0.92.
- d. New thermostats will be specified/installed with ENERGY STAR qualified type.

4. All bathroom ventilation fans will be replaced with fan having a maximum 0.5 watts/CFM and 2.0 sones on automatic controls.

ENERGY STAR EQUIVALENT LETTER OF UNDERSTANDING

Page 2

We understand that the requirements for minimum rehab projects include the following submissions to the NJHMFA Green Homes Office: Photographs will be submitted on each of the items above for a number of sites as determined reasonable by the project's designated HMFA Field Representative.

If requested we will allow the NJHMFA Green Homes Office, or designee, access to the project site pre, during and post construction for the purpose of but not limited to confirming compliance with the above requirements.

I am an authorized representative of the organization.

Signature: _____ Date: _____

Name of Signer: _____

Title: _____

Project Name: _____

Organization: _____

Approval of NJ Green Homes Office
FOR AGENCY USE ONLY

Signed: _____ Date: _____

2012 UTILITY ALLOWANCE UPDATE

Attached are the newly released 2012 utility allowances effective 7/1/12. Per IRS regulations the new utility allowances must be implemented no later than 90 days from the date the owner receives them or 12/9/12. If you do not wish to use the DCA utility allowances, listed below are alternative methods of calculating utility allowance estimates.

1. Utility Company Estimates

Under Treas. Reg. §1.42-10(b)(4)(ii)(B), any interested party (tenant, owner, or state agency) may request a written estimated cost of that utility for a unit of similar size and construction *for the geographic area in which the building is located*. This estimate becomes the appropriate utility allowance for all rent-restricted units of similar size and construction in the building. The local utility estimate is not available to buildings/tenants subject to Rural Housing Service or HUD jurisdiction.

2. HUD Utility Schedule Model

Under Treas. Reg. §1.42-10(b)(4)(ii)(D),⁹ a building owner may calculate a utility allowance using the “HUD Utility Schedule Model” that can be found on HUD’s Internet site, the Low-Income Housing Tax Credits page at www.huduser.org/datasets/lihtc.html or successor URL. Utility rates used for the HUD Utility Schedule Model must be no older than the rates in place 60 days prior to the date the utility allowance will change.

3. Energy Consumption Model

Under Treas. Reg. §1.42-10(b)(4)(ii)(E),¹⁰ a building owner may calculate a utility allowance using an energy and water and sewage consumption analysis model (energy consumption model).

Factors to Consider

The energy consumption model must, at a minimum, take into account specific factors including, but not limited to: (1) unit size, (2) building orientation, design and materials, mechanical systems, appliances, and characteristics of the building location.

Estimates Provided by Licensed Engineer or Qualified Professional

The utility allowance must be prepared by a properly licensed engineer or a qualified professional. A qualified professional must be (1) approved by the state/local housing credit agency having jurisdiction over the building, and (2) must not be related to the building owner within the meaning of IRC §§ 267(b) or 707(b).

Allowance for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Locality		New Jersey Department of Community Affairs NJ Averages			Unit Type Single Family Detached		Effective Expires	07/01/2014 06/30/2015
Utility or Service		Monthly Dollar Allowances						
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	39	53	63	79	90	104	
	b. Electric	53	72	86	108	123	143	
	c. Bottle Gas	127	172	206	260	294	342	
	d. Oil	122	165	198	249	282	328	
Cooking	a. Natural Gas	6	7	10	12	15	16	
	b. Electric	10	13	17	21	26	28	
	c. Bottle Gas	19	24	32	40	50	54	
Other Electricity		34	43	58	71	88	95	
Air Conditioning		18	23	31	39	46	52	
Water Heating	a. Natural Gas	7	9	12	15	19	21	
	b. Electric	14	18	24	30	37	40	
	c. Bottle Gas	24	30	41	50	63	67	
	d. Oil	20	26	35	43	54	58	
Water		28	36	43	52	58	65	
Sewer		52	52	52	52	52	52	
Trash Collection								
Range/Microwave		4	4	5	5	6	6	
Refrigerator		4	4	4	5	5	6	
Other -- specify								
Actual Family Allowances To be used by the family to compute allowance. Complete below for actual unit rented.						Utility or Service	per month cost	
Name of Family _____ Address of Unit _____ Number of Bedrooms _____						Heating	\$	
						Cooking		
						Other Electric		
						Air Conditioning		
						Water Heating		
						Water		
						Sewer		
						Trash Collection		
						Range/Microwave		
						Refrigerator		
						Other		
						Total	\$	

Allowance for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Locality		Unit Type				Effective	07/01/2014
New Jersey Department of Community Affairs		Semi-Detached				Expires	06/30/2015
NJ Averages		Monthly Dollar Allowances					
Utility or Service		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	34	44	58	72	86	97
	b. Electric	46	59	80	99	118	132
	c. Bottle Gas	111	143	191	237	282	316
	d. Oil	107	137	183	227	271	304
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	10	13	17	21	26	28
	c. Bottle Gas	19	24	32	40	50	54
Other Electricity		34	43	58	71	88	95
Air Conditioning		11	14	18	22	27	30
Water Heating	a. Natural Gas	7	9	12	15	19	21
	b. Electric	14	18	24	30	37	40
	c. Bottle Gas	24	30	41	50	63	67
	d. Oil	20	26	35	43	54	58
Water		28	36	43	52	58	65
Sewer		52	52	52	52	52	52
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	\$

Allowance for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Locality	New Jersey Department of Community Affairs	Unit Type	Duplex & Two/Three Family (Semi Detached)*	Effective	07/01/2014
	NJ Averages			Expires	06/30/2015

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	36	46	61	75	88	101
	b. Electric	49	63	83	103	121	137
	c. Bottle Gas	116	150	199	247	289	329
	d. Oil	112	144	191	237	278	316
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	10	13	17	21	26	28
	c. Bottle Gas	19	24	32	40	50	54
Other Electricity		34	43	58	71	88	95
Air Conditioning		11	14	18	22	27	30
Water Heating	a. Natural Gas	7	9	12	15	19	21
	b. Electric	14	18	24	30	37	40
	c. Bottle Gas	24	30	41	50	63	67
	d. Oil	20	26	35	43	54	58
Water		28	36	43	52	58	65
Sewer		52	52	52	52	52	52
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.

Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	\$

Allowance for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Locality		New Jersey Department of Community Affairs NJ Averages				Unit Type	Row House / Garden Apartment (Rowhouse/Townhouse)*	Effective	07/01/2014
								Expires	06/30/2015
Utility or Service		Monthly Dollar Allowances							
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR		
Heating	a. Natural Gas	29	39	53	66	80	93		
	b. Electric	40	54	73	91	110	127		
	c. Bottle Gas	96	129	174	217	263	306		
	d. Oil	92	123	167	208	252	293		
Cooking	a. Natural Gas	6	7	10	12	15	16		
	b. Electric	10	13	17	21	26	28		
	c. Bottle Gas	19	24	32	40	50	54		
Other Electricity		34	43	58	71	88	95		
Air Conditioning		11	14	18	22	27	30		
Water Heating	a. Natural Gas	7	9	12	15	19	21		
	b. Electric	14	18	24	30	37	40		
	c. Bottle Gas	24	30	41	50	63	67		
	d. Oil	20	26	35	43	54	58		
Water		28	36	43	52	58	65		
Sewer		52	52	52	52	52	52		
Trash Collection									
Range/Microwave		4	4	5	5	6	6		
Refrigerator		4	4	4	5	5	6		
Other -- specify									

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	\$

OMB Approval No. 2577-0169
(exp. 4/30/2014)

form HUD-62967 (12/97)
ref. Handbook 7420.8

Allowance for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Locality		New Jersey Department of Community Affairs NJ Averages			Unit Type High Rise (High Rise with Elevator)*		Effective 07/01/2014 Expires 06/30/2015
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	30	35	41	50	56	70
	b. Electric	37	45	55	68	84	98
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	10	13	17	21	26	28
	c. Bottle Gas						
Other Electricity		34	43	58	71	88	95
Air Conditioning		10	12	17	20	24	27
Water Heating	a. Natural Gas	7	9	12	15	19	21
	b. Electric	14	18	24	30	37	40
	c. Bottle Gas						
	d. Oil						
Water		28	36	43	52	58	65
Sewer		52	52	52	52	52	52
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance. Complete below for actual unit rented.		Utility or Service	per month cost
Name of Family Address of Unit Number of Bedrooms		Heating	\$
		Cooking	
		Other Electric	
		Air Conditioning	
		Water Heating	
		Water	
		Sewer	
		Trash Collection	
		Range/Microwave	
		Refrigerator	
		Other	
		Total	\$

2015 NEW JERSEY Multifamily Tax Subsidy Projects (MTSP) INCOME LIMITS
FOR PROJECTS PLACED IN SERVICE AFTER 12/31/08

COUNTIES	INCOME LIMIT %	1 PERSON	1.5 PERSON	2 PERSON	3 PERSON	4 PERSON	4.5 PERSON	5 PERSON	6 PERSON	7 PERSON	7.5 PERSON	8 PERSON
ATLANTIC	50%	\$24,000	\$25,700	\$27,400	\$30,850	\$34,250	\$35,625	\$37,000	\$39,750	\$42,500	\$43,875	\$45,250
	60%	\$28,800	\$30,840	\$32,880	\$37,020	\$41,100	\$42,750	\$44,400	\$47,700	\$51,000	\$52,650	\$54,300
	100%	\$48,000	\$51,400	\$54,800	\$61,700	\$68,500	\$71,250	\$74,000	\$79,500	\$85,000	\$87,750	\$90,500
BERGEN PASSAIC	50%	\$32,450	\$34,775	\$37,100	\$41,750	\$46,350	\$48,225	\$50,100	\$53,800	\$57,500	\$59,350	\$61,200
	60%	\$38,940	\$41,730	\$44,520	\$50,100	\$55,620	\$57,870	\$60,120	\$64,560	\$69,000	\$71,220	\$73,440
	100%	\$64,900	\$69,550	\$74,200	\$83,500	\$92,700	\$96,450	\$100,200	\$107,600	\$115,000	\$118,700	\$122,400
HUDSON	50%	\$26,850	\$28,750	\$30,650	\$34,500	\$38,300	\$39,850	\$41,400	\$44,450	\$47,500	\$49,050	\$50,600
	60%	\$32,220	\$34,500	\$36,780	\$41,400	\$45,960	\$47,820	\$49,680	\$53,340	\$57,000	\$58,860	\$60,720
	100%	\$53,700	\$57,500	\$61,300	\$69,000	\$76,600	\$79,700	\$82,800	\$88,900	\$95,000	\$98,100	\$101,200
MIDDLESEX SOMERSET HUNTERDON	50%	\$36,400	\$39,000	\$41,600	\$46,800	\$51,950	\$54,050	\$56,150	\$60,300	\$64,450	\$66,525	\$68,600
	60%	\$43,680	\$46,800	\$49,920	\$56,160	\$62,340	\$64,860	\$67,380	\$72,360	\$77,340	\$79,830	\$82,320
	100%	\$72,800	\$78,000	\$83,200	\$93,600	\$103,900	\$108,100	\$112,300	\$120,600	\$128,900	\$133,050	\$137,200
MONMOUTH OCEAN	50%	\$32,100	\$34,400	\$36,700	\$41,300	\$45,850	\$47,700	\$49,550	\$53,200	\$56,900	\$58,725	\$60,550
	60%	\$38,520	\$41,280	\$44,040	\$49,560	\$55,020	\$57,240	\$59,460	\$63,840	\$68,280	\$70,470	\$72,660
	100%	\$64,200	\$68,800	\$73,400	\$82,600	\$91,700	\$95,400	\$99,100	\$106,400	\$113,800	\$117,450	\$121,100
ESSEX MORRIS SUSSEX UNION	50%	\$32,050	\$34,325	\$36,600	\$41,200	\$45,750	\$47,600	\$49,450	\$53,100	\$56,750	\$58,575	\$60,400
	60%	\$38,460	\$41,190	\$43,920	\$49,440	\$54,900	\$57,120	\$59,340	\$63,720	\$68,100	\$70,290	\$72,480
	100%	\$64,100	\$68,650	\$73,200	\$82,400	\$91,500	\$95,200	\$98,900	\$106,200	\$113,500	\$117,150	\$120,800
BURLINGTON CAMDEN GLOUCESTER SALEM	50%	\$28,400	\$30,425	\$32,450	\$36,500	\$40,550	\$42,175	\$43,800	\$47,050	\$50,300	\$51,925	\$53,550
	60%	\$34,080	\$36,510	\$38,940	\$43,800	\$48,660	\$50,610	\$52,560	\$56,460	\$60,360	\$62,310	\$64,260
	100%	\$56,800	\$60,850	\$64,900	\$73,000	\$81,100	\$84,350	\$87,600	\$94,100	\$100,600	\$103,850	\$107,100
CAPE MAY	50%	\$26,350	\$28,225	\$30,100	\$33,850	\$37,600	\$39,125	\$40,650	\$43,650	\$46,650	\$48,150	\$49,650
	60%	\$31,620	\$33,870	\$36,120	\$40,620	\$45,120	\$46,950	\$48,780	\$52,380	\$55,980	\$57,780	\$59,580
	100%	\$52,700	\$56,450	\$60,200	\$67,700	\$75,200	\$78,250	\$81,300	\$87,300	\$93,300	\$96,300	\$99,300
WARREN	50%	\$30,600	\$32,800	\$35,000	\$39,350	\$43,700	\$45,450	\$47,200	\$50,700	\$54,200	\$55,950	\$57,700
	60%	\$36,720	\$39,360	\$42,000	\$47,220	\$52,440	\$54,540	\$56,640	\$60,840	\$65,040	\$67,140	\$69,240
	100%	\$61,200	\$65,600	\$70,000	\$78,700	\$87,400	\$90,900	\$94,400	\$101,400	\$108,400	\$111,900	\$115,400
MERCER	50%	\$33,950	\$36,375	\$38,800	\$43,650	\$48,500	\$50,450	\$52,400	\$56,300	\$60,150	\$62,100	\$64,050
	60%	\$40,740	\$43,650	\$46,560	\$52,380	\$58,200	\$60,540	\$62,880	\$67,560	\$72,180	\$74,520	\$76,860
	100%	\$67,900	\$72,750	\$77,600	\$87,300	\$97,000	\$100,900	\$104,800	\$112,600	\$120,300	\$124,200	\$128,100
CUMBERLAND	50%	\$22,750	\$24,375	\$26,000	\$29,250	\$32,500	\$33,800	\$35,100	\$37,700	\$40,300	\$41,600	\$42,900
	60%	\$27,300	\$29,250	\$31,200	\$35,100	\$39,000	\$40,560	\$42,120	\$45,240	\$48,360	\$49,920	\$51,480
	100%	\$45,500	\$48,750	\$52,000	\$58,500	\$65,000	\$67,600	\$70,200	\$75,400	\$80,600	\$83,200	\$85,800

Source: U.S. Department of Housing and Urban Development

Effective: 3/6/2015

The information contained in this chart was compiled from information derived from the United States Department of Housing and Urban Development and is intended solely as a copy preparation of their application for low income housing tax credits. NJHMFA is not responsible for any errors contained in this chart, typographical or otherwise. Applicants are independent contractors which do not exceed the rent restrictions prescribed under federal law for low income housing tax credits, notwithstanding the information contained in this chart.

**2015 NEW JERSEY HERA Special INCOME LIMITS
FOR PROJECTS PLACED IN SERVICE ON OR BEFORE 12/31/08**

The counties listed below are subject to Section 3009(a)(E)(II) of the Housing and Economic Recovery Act of 2008 (Public Law 110-289), which defines projects in service in either 2007 or 2008 as "HUD Hold Harmless Impacted project(s)". These project(s) are given special income limits as defined in part (a)(E)(II)(II) of Section 3009.

Projects in all other counties should continue to use HUD's MTSP income limits as before.

COUNTIES	INCOME LIMIT %	1 PERSON	1.5 PERSON	2 PERSON	3 PERSON	4 PERSON	4.5 PERSON	5 PERSON	6 PERSON	7 PERSON	7.5 PERSON	8 PERSON
ATLANTIC	50%	\$25,250	\$27,050	\$28,850	\$32,450	\$36,050	\$37,500	\$38,950	\$41,850	\$44,750	\$46,175	\$47,600
	60%	\$30,300	\$32,460	\$34,620	\$38,940	\$43,260	\$45,000	\$46,740	\$50,220	\$53,700	\$55,410	\$57,120
	100%	\$50,500	\$54,100	\$57,700	\$64,900	\$72,100	\$75,000	\$77,900	\$83,700	\$89,500	\$92,350	\$95,200
BERGEN PASSAIC	50%	\$33,400	\$35,775	\$38,150	\$42,900	\$47,650	\$49,575	\$51,500	\$55,300	\$59,100	\$61,000	\$62,900
	60%	\$40,080	\$42,930	\$45,780	\$51,480	\$57,180	\$59,490	\$61,800	\$66,360	\$70,920	\$73,200	\$75,480
	100%	\$66,800	\$71,550	\$76,300	\$85,800	\$95,300	\$99,150	\$103,000	\$110,600	\$118,200	\$122,000	\$125,800
HUDSON												
		Not Applicable										
MIDDLESEX SOMERSET HUNTERDON	50%	\$36,750	\$39,375	\$42,000	\$47,250	\$52,500	\$54,600	\$56,700	\$60,900	\$65,100	\$67,200	\$69,300
	60%	\$44,100	\$47,250	\$50,400	\$56,700	\$63,000	\$65,520	\$68,040	\$73,080	\$78,120	\$80,640	\$83,160
	100%	\$73,500	\$78,750	\$84,000	\$94,500	\$105,000	\$109,200	\$113,400	\$121,800	\$130,200	\$134,400	\$138,600
MONMOUTH OCEAN	50%	\$32,150	\$34,450	\$36,750	\$41,350	\$45,900	\$47,750	\$49,600	\$53,250	\$56,950	\$58,775	\$60,600
	60%	\$38,580	\$41,340	\$44,100	\$49,620	\$55,080	\$57,300	\$59,520	\$63,900	\$68,340	\$70,530	\$72,720
	100%	\$64,300	\$68,900	\$73,500	\$82,700	\$91,800	\$95,500	\$99,200	\$106,500	\$113,900	\$117,550	\$121,200
ESSEX MORRIS SUSSEX UNION	50%	\$32,300	\$34,600	\$36,900	\$41,500	\$46,100	\$47,950	\$49,800	\$53,500	\$57,200	\$59,050	\$60,900
	60%	\$38,760	\$41,520	\$44,280	\$49,800	\$55,320	\$57,540	\$59,760	\$64,200	\$68,640	\$70,860	\$73,080
	100%	\$64,600	\$69,200	\$73,800	\$83,000	\$92,200	\$95,900	\$99,600	\$107,000	\$114,400	\$118,100	\$121,800
BURLINGTON CAMDEN GLOUCESTER SALEM	50%	\$28,550	\$30,575	\$32,600	\$36,700	\$40,750	\$42,400	\$44,050	\$47,300	\$50,550	\$52,175	\$53,800
	60%	\$34,260	\$36,690	\$39,120	\$44,040	\$48,900	\$50,880	\$52,860	\$56,760	\$60,660	\$62,610	\$64,560
	100%	\$57,100	\$61,150	\$65,200	\$73,400	\$81,500	\$84,800	\$88,100	\$94,600	\$101,100	\$104,350	\$107,600
CAPE MAY	50%	\$26,850	\$28,750	\$30,650	\$34,500	\$38,300	\$39,850	\$41,400	\$44,450	\$47,500	\$49,050	\$50,600
	60%	\$32,220	\$34,500	\$36,780	\$41,400	\$45,960	\$47,820	\$49,680	\$53,340	\$57,000	\$58,860	\$60,720
	100%	\$53,700	\$57,500	\$61,300	\$69,000	\$76,600	\$79,700	\$82,800	\$88,900	\$95,000	\$98,100	\$101,200
WARREN	50%	\$32,450	\$34,750	\$37,050	\$41,700	\$46,300	\$48,175	\$50,050	\$53,750	\$57,450	\$59,300	\$61,150
	60%	\$38,940	\$41,700	\$44,460	\$50,040	\$55,560	\$57,810	\$60,060	\$64,500	\$68,940	\$71,160	\$73,380
	100%	\$64,900	\$69,500	\$74,100	\$83,400	\$92,600	\$96,350	\$100,100	\$107,500	\$114,900	\$118,600	\$122,300
MERCER	50%	\$34,900	\$37,400	\$39,900	\$44,900	\$49,850	\$51,850	\$53,850	\$57,850	\$61,850	\$63,850	\$65,850
	60%	\$41,880	\$44,880	\$47,880	\$53,880	\$59,820	\$62,220	\$64,620	\$69,420	\$74,220	\$76,620	\$79,020
	100%	\$69,800	\$74,800	\$79,800	\$89,800	\$99,700	\$103,700	\$107,700	\$115,700	\$123,700	\$127,700	\$131,700
CUMBERLAND	50%	\$24,050	\$25,750	\$27,450	\$30,900	\$34,300	\$35,675	\$37,050	\$39,800	\$42,550	\$43,925	\$45,300
	60%	\$28,860	\$30,900	\$32,940	\$37,080	\$41,160	\$42,810	\$44,460	\$47,760	\$51,060	\$52,710	\$54,360
	100%	\$48,100	\$51,500	\$54,900	\$61,800	\$68,600	\$71,350	\$74,100	\$79,600	\$85,100	\$87,850	\$90,600

Source: U.S. Department of Housing and Urban Development

Effective: 3/8/2015

The information contained in this chart was compiled from information derived from the United States Department of Housing and Urban Development and is intended solely as a courtesy to assist applicants in preparation of their application for low income housing tax credits. NJHMFA is not responsible for any errors contained in this chart, typographical or otherwise. Applicants are independently responsible for charging rents which do not exceed the rent restrictions prescribed under federal law for low income housing tax credits, notwithstanding the information contained in this chart.

**2015 Targeted Urban
Municipalities (TUM) List**

Urban Aid Cities with Poverty Rates greater than 8.1%
Asbury Park
Atlantic City
Bayonne
Bridgeton
Camden
Carteret Borough
Clifton
East Orange
Elizabeth
Garfield
Glassboro
Gloucester City
Hackensack City
Hillside Township
Hoboken
Irvington Township
Jersey City
Kearny
Lakewood Township
Lindenwold Borough
Lodi Borough
Long Branch
Mount Holly
Neptune City
Neptune Township
New Brunswick
Newark
North Bergen
Orange
Passaic
Paterson
Pemberton Township
Penns Grove Borough
Pennsauken
Perth Amboy
Phillipsburg
Plainfield
Pleasantville
Rahway
Roselle
Salem
Trenton
Union City
Vineland
Weehawken
West New York
Winslow Township
Woodbury City

Source: Urban Aid List SFY
2015, New Jersey Department of
Community Affairs; US Census,
American Community Survey
2009-2013 Poverty Status in the
Past 12 month 5 year estimates

High Concentration of LIHTC Units

Projects located within the following Census Tracts must comply with the requirements outlined in N.J.A.C. 5:80-33.12 (c)(17).

County	City	Total Housing Units in Census Tract	Total LIHTC Units	% LIHTC Units	Census Tract
Monmouth	Long Branch	726	231	32%	8056
Essex	Newark	898	346	39%	228
Essex	Newark	599	306	51%	31
Camden	Camden	1154	603	52%	6017
Essex	Newark	721	418	58%	15

Proficient School Districts and Employment Points

Proficient School District – Submit evidence that the applicable school district met the requirement of 66% proficient or advanced proficient on the NJ ASK 4 standardized test in both math and language arts during either the most current calendar year available or the preceding year. Please contact the Tax Credit Division at 609-278-7629 for a list of eligible school districts.

Employment - Submit evidence that the average annual employment for the municipality totals at least 95% of the housing units in the municipality during either the most current calendar year available or the preceding year based on the New Jersey Department of Labor Quarterly Census of Employment and Wages, Municipal Annual Reports found at http://lwd.dol.state.nj.us/labor/lpa/employ/qcew/qcew_index.html and the five-year American Community Survey, Table B25001 found at: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
For assistance, please contact the Tax Credit Division at 609-278-7629.

Ready to Grow Points

To see a list of Designated Centers, please visit the following website:

<http://www.nj.gov/state/planning/spc-state-plan-centers.html#1>

Please provide a print-out showing the project location within the center boundary from the Site Evaluator 2.0

If you have questions, or need verification, please contact Steven Karp, Director of GIS at the Office for Planning Advocacy at steven.karp@sos.nj.gov or 609.292.3160

To see a list of Main Street New Jersey Communities with Traditional and Partner Designations, please visit the following website:

<http://www.nj.gov/dca/divisions/dhcr/offices/msnjdistricts.html>.

Contact Jef R. Buehler at the Office of Main Street New Jersey & Improvement District Programs at DCA for confirmation (609-633-9769).

Projects located within a Transit Village should submit a letter from the New Jersey Department of Transportation confirming the project's location within the boundaries of the Transit Village.

For information regarding the Transit Village Program, please visit <http://www.state.nj.us/transportation/community/village/index.shtml> or contact Mr. LeRoy H. Gould, Principal Planner / Transit Village Coordinator at the New Jersey Department of Transportation, Division of Statewide Planning (609.530.3864 or leroy.gould@dot.state.nj.us).

Projects located within Urban Transit Hub should submit evidence from the NJ Economic Development Authority confirming the project's location within the boundaries of an Urban Transit Hub.

For more information regarding the Urban Transit Hub program, please visit http://www.njeda.com/web/Aspx_pg/Templates/Npic_Text.aspx?Doc_Id=888&menuid=1295&to_pid=718&levelid=6&midid=1175

HOUSING FINANCE AGENCY LETTER
SUCCESSFUL DEVELOPMENT EXPERIENCE

(LETTERHEAD OF HFA)

Date (By Cycle Deadline)

Director of Tax Credit Services
New Jersey Housing and Mortgage Finance Agency
P.O. Box 18550
637 South Clinton Avenue
Trenton NJ 08650-2085

Re: {Name of Project}
 9% LIHTC Application

Dear Director:

Please accept this letter as evidence that {Name of Sponsor, GP, Developer or Voting Member} has at least a 50% general partner or managing member interest in the following Low Income Housing Tax Credit development(s) within the state of {state} and I certify that {Name of Sponsor, GP, Developer or Voting Member} currently has no outstanding issues of non-compliance.

Project Name	City	# of Units	Completion Date

Please feel free to contact me at {email or phone #}.

Sincerely,

{Name, Job Title of Authorized Signatory at HFA}

LENDER OR SYNDICATOR LETTER

SUCCESSFUL DEVELOPMENT EXPERIENCE

(LETTERHEAD OF LENDER OR SYNDICATOR)

Date (By Cycle Deadline)

Director of Tax Credit Services
New Jersey Housing and Mortgage Finance Agency
P.O. Box 18550
637 South Clinton Avenue
Trenton NJ 08650-2085

Re: {Name of Project}
 9% LIHTC Application

Dear Director:

Please accept this letter as evidence that {Name of Sponsor, GP, Developer or Voting Member} has successfully completed the following Low Income Housing Tax Credit development(s) and I certify that the listed development(s) has/have achieved 93% occupancy and 1.15 debt service coverage for six consecutive months (if applicable).

Project Name	City, State	# of Units	Completion Date

Please feel free to contact me at {email or phone #}.

Sincerely,

{Name, Job Title of Authorized Signatory}